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Follow-up actions to the recommendations of the International Conference on Population and Development

Statement submitted by Population Action International, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Statement*

Family planning and reproductive health services and supplies: essential to achieving the internationally agreed development goals including the Millennium Development Goals

Sufficient funding for quality reproductive health and voluntary family planning services and supplies is essential to achieving the goals of the Programme of Action of the International Conference on Population and Development and the Millennium Development Goals.

Achieving the goals of the International Conference on Population and Development Programme of Action is essential to the Millennium Development Goals

The International Conference on Population and Development goal of achieving universal access to reproductive health including family planning underpins achieving the Millennium Development Goals. In particular, Goal 5: Improve Maternal Health, and target 5b, to realize universal access to reproductive health, will not be reached unless family planning and reproductive health services and supplies are made available and accessible when needed. Family planning services and the prevention of unplanned pregnancies could reduce maternal deaths by 25 to 40 per cent annually.[1] All relevant stakeholders must acknowledge that unless women and men have access to sufficient quantities of reproductive health supplies (including for family planning), Goal 5 will not be met and maternal mortality will remain high.

Improving sexual and reproductive health and rights also helps achieve Goal 4: Reduce Child Mortality. Birth spacing, made possible by family planning, saves lives: children born 3 to 5 years after a previous birth are two and a half times more likely to survive than children born less than 2 years after the previous birth.[2] Improving reproductive health enhances women's lives, and healthier mothers have healthier children.[3]

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* Issued without formal editing.

[1] Campbell, OMR and WJ Graham, 2006. "Strategies for Reducing Maternal Mortality: Getting On with what Works". The Lancet. 368:2121-2122.

[2] Setty-Venugopal, V. and Upadhyay, U.D. 2002. "Birth Spacing: Three to Five Saves Lives." Population Reports, Series L, No. 13. Baltimore, Johns Hopkins Bloomberg School of Public Health, Population Information Program, Summer 2002. Available from: http://www.infoforhealth.org/pr/l13/l13.pdf.

[3] Greene, Margaret, 2008. "Poor Health, Poor Women: How Reproductive Health Affects Poverty." Focus on Population, Environment, and Security. Issue 16, June 2008. Washington, DC: Woodrow Wilson International Center for Scholars and USAID. Available from: http://www.google.com/url?sa=t&source=web&ct=res&cd=1&url=http%3A%2F%2Fwww.wilsoncenter.org%2Ftopics%2Fpubs%2FECSP_Focus_Greene_web.pdf&ei=GcJrSZGxFom4sAOGx7jeCg&usg=AFQjCNHN0Ika0OIIqy5ScK_g9GnVSxg7zA&sig2=qJcMFGrasK0sM5lsYna3yw.

Population issues also affect the achievement of Goal 7: Ensure Environmental Sustainability.[4] Lack of access to modern family planning is a main driver of the estimated 52 million unintended pregnancies worldwide annually, which contributes to the yearly net increase in global population of 80 million people.[5,6] Though the relationship between population and greenhouse gas emission is complex, population growth—especially in industrialized and industrializing countries—increases energy consumption and contributes to the emission of greenhouse gases. In the developing world, population growth is a contributor to deforestation, desertification, the degradation of oceans and waterways and climate change. Population growth also increases the number of people vulnerable to climate-related natural disasters and other impacts. Since women are particularly vulnerable to climate change due to their relative lack of control over resources and decision-making, ensuring women's sexual and reproductive health and rights could help women and their families better cope with the negative impacts of climate change. Therefore, in addition to other efforts, voluntary programmes that can slow population growth should be part of a strategy to improve environmental sustainability and resilience to climate change.

Donor funding is falling short

Despite the strong linkages between family planning, reproductive health, and achieving the International Conference on Population and Development Programme of Action and Millennium Development Goals, donor funding is falling short of commitments and needs. In 2006, donors as a whole provided merely US$ 366 million for family planning,[7] nearly US$ 1 billion less than in 2005 and far short of the US$ 5.2 billion donor share required to achieve the International Conference on Population and Development Programme of Action.[8] Additionally, donor support for contraceptive supplies—an essential part of donor assistance for family planning—has stagnated at about $210 million per year since 2001.[9] Donor funding for reproductive health is also falling short: in 2006 donors gave US$ 1.5 billion in support of reproductive health, nearly US$ 1 billion below the US$ 2.4 billion donor share.[10]

In the coming years, domestic financial hardships may lead donors to cut development assistance. Despite challenges, we urge all donors to live up to their long-standing commitment to

[4] Population Action International. 2008. "What Do We Know About Population and Climate Change?" Washington DC: Population Action International. Available from: http://www.populationaction.org/Issues/Population_and_Climate_Change/What_We_Know. shtml.

[5] Singh, Susheela, Jacqueline Darroch, Michael Vlassoff, Jennifer Nadeau. 2003. "Adding it Up: The Benefits of Investing in Sexual and Reproductive Health Care." Washington, DC and New York, NY: Alan Guttmacher Institute. Available from: http://www.google.com/url?sa=t&source=web&ct=res&cd=1&url=http%3A%2F%2Fwww.guttmacher.org%2Fpubs%2Faddingitup.pdf&ei=871rSf6XCYHasAP11-jRCg&usg=AFQjCNEdUy2ZjJXIqspvryvv6UD-ZQc7pg&sig2=u8plvqdpLkZjwXu6NDV5w.

[6] Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat. 2007. "World Population Prospects: The 2006 Revision and World Urbanization Prospects: The 2007 Revision". New York, NY: United Nations. Available from: http://www.un.org/esa/population/unpop.htm.

[7] UNFPA/NIDI. 2008. "Financial Resource Flows for Population Activities in 2006: Table 4. Final Donor Expenditures for Population Assistance by Category of Population Activity, 1996-2006." Available from:http://www.resourceflows.org/index.php/articles/288.

[8] Financial requirements refer to the 1994 ICPD estimates adjusted for inflation. These estimates are currently being updated by UNFPA.

[9] UNFPA. 2008. "Donor Support for Contraceptives and Condoms for STI/HIV Prevention 2007." New York: UNFPA. Available from: http://www.unfpa.org/upload/lib_pub_file/796_filename_updated_donor_support_report.pdf.

[10] UNFPA/NIDI. 2008. "Financial Resource Flows for Population Activities in 2006: Table 4. Final Donor Expenditures for Population Assistance by Category of Population Activity, 1996-2006." Available from: http://www.resourceflows.org/index.php/articles/288.

devote 0.7 per cent of their gross national income to development assistance, and to target funding for quality reproductive health and voluntary family planning services and supplies where they are lacking. Where achieving the 0.7 per cent target is not attainable, donors must protect essential development support including funding for sexual and reproductive health and rights, health system strengthening, girls' education, and gender equality from possible funding cuts.

New challenges for Governments of the South

The Millennium Development Goals and new aid modalities have shifted ownership of the development agenda and priority-setting increasingly to the country level. Given this new reality, we encourage all developing-country Governments to create an enabling environment for sexual and reproductive health and rights. They must ensure that citizens have access to information, are educated, and facilitate communication about family planning options including providing evidence-based information about contraceptive methods to dispel myths. Strengthening civil society advocacy and participation in domestic decision-making in the South is fundamental to ensuring that adequate family planning and reproductive health services and supplies become a reality, globally and locally.

Governments of the South must prioritize reproductive health supplies and services, and mobilize new sources of financing to meet needs. We urge African Governments to realize their Maputo commitments and devote 15 per cent of their national budget to health sector financing. In line with demand, Governments of the South should ensure that there is a dedicated line within the national budget to fund the provision of reproductive health supplies including contraceptives. Resources in that line must be protected, and spent as planned. Civil society groups and the public should be able to fully participate in consultative and decision-making processes around the national budget and policy decisions at the national and subnational levels. Governments in low- and middle-income countries should submit proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria that include the procurement of male and female condoms, as well as other contraceptives and reproductive health supplies. The Global Fund should sustain and increase efforts to make clear in its guidelines and conversations with stakeholders that it supports the procurement of reproductive health supplies wherever countries demonstrate a positive outcome for HIV.

Changing aid modalities have brought new challenges and opportunities in providing quality reproductive health and family planning services and supplies. Evidence suggests that the transition from in-kind donor contributions to budget or health sector support, where aid-recipient countries are responsible for procurement and distribution of family planning and reproductive health supplies, can jeopardize contraceptive security.[11] Governments of the South must continue to build their capacity for procurement, logistics and distribution of quality reproductive health supplies. Health system strengthening initiatives should reinforce efficient coordination systems for procurement and distribution of contraceptives and other commodities. Donors should use a mix of

[11] Oritz, Christine, Nadia Olson, Mark McEuen, Paula Dowling. 2008. "Primer: Ensuring Reproductive Health Commodity Security within a Sector Wide Approach." Arlington, VA: USAID Deliver Project, Task Order 1. Available from: http://deliver.jsi.com/dhome/countries/countrypubs?p_persp=PERSP_DLVR_CNTRY_BD.

funding mechanisms depending on the country context and needs, and be ready to provide emergency in-kind donations where necessary.

Conclusion

Achieving universal access to reproductive health and family planning services and supplies is fundamental to achieving the goals of the Programme of Action of the International Conference on Population and Development and the Millennium Development Goals. If reaching the Millennium Development Goals is to become a reality, current donor shortfalls in funding for reproductive health and family planning must be filled and quality services and supplies must be available to all. Governments of the South must prioritize reproductive health and family planning, create an enabling environment for civil society and public participation in development planning, and build their capacity to ensure reproductive health and contraceptive security.